## State of South Dakota



## Candidate's or Committee's Report of Receipts and Expenditures

PACs, political party, ballot question and other comm	nittees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070	RECEIVEL JAN 2 8 2005
See pages 9 & 10 of the Guideline Book	for specific instructions on completing this report.	S.D. SEC. OF STATE
Name of Candidate or Committee SD 1	Medical Group Management Association	PAC
Complete Mailing Address 1323 S. I	Minnesota Ave.; Sioux Falls, SD 57105	-0624
Name of Person Making Report Teres	sa Schumacher Daytime Phone Number (	<u>605) 336-196</u> 5
If you are a candidate, what office are yo	ou seeking? N/A	
If you are a ballot question committee, is reporting period and whether the measur	ndicate which measure(s) the committee was involved re was supported or opposed.	with during the
N/A		
Type of Report (See pages 4 & 5 of Guid	deline Book) Year-End Report	
For Reporting Period Ending (See pages	4 & 5 of Guideline Book) 12/31/04	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The following verification must be com		
VERIFICATION OF PERSON MAKIN	IG REPORT	
I Ann Roemen this report and to the best of my knowled	(print name legibly), certify that I dge and belief it is true, correct and complete.	
Date: 1-24-05	Candidate Signature or Signature of Committee Treasurer or Chairperson	1
Revised July 2001	Filed this  Chi. NEL  SECRETARY OF	RCH, day or

For the reporting period ending 12/31/04						
combine all contributions of \$100 or contributions on their respective line year from an individual or political p amount, name, address and place of	Schedule A - Direct (all direct contributions. You must keep less from individuals and the same first below and on the next page. Any contributions from PAC employment (if applicable) of the contributions from the contributions f	p a record of all contributors, but for from political parties and enter these contribution of more than \$100 or agg 's must be entered as a separate item intributor. Each type of contributor has	sums as unitemized regate during a calendar (itemized) giving the as their own section for			
Unitemized Contributions from In	ndividuals:		<b>*\$</b> <u>0</u>			
Itemized Contributions from Indi	viduals	Place of Employment				
Name	Residence Address	(Name of Employer)	<b></b> 1			
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			\$			
Total of Itemized Contributions fr	om Individuals:		*\$ 0			

Name of Candidate or Committee SD Medical Group Management Association PAC

Name of Candidate or Committee SD Med	dical Group Management Association	on PAC
For the reporting period ending 12/31/0	04	·
Schedule A – D	Direct Contributions (continued)	·
Unitemized Contributions from Political Parties:		<b>*\$</b> _ O
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
		<u> </u>
		S
Total of Itemized Contributions from Political Part		<b>*\$</b>
		-
Itemized Contributions from Political Action Comp	nittees (PAC's) - All contributions from PAC's must b	· e itemized.
PAC Name	Address	
		\$
		\$
· · · · · · · · · · · · · · · · · · ·		\$
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Total of Itemized Contributions from Political Action	on Committees:	*\$ <u>0</u>

Total of All Direct Contributions (Sum of all lines with an \*)

For the reporting period ending: 12/32	704	•
Schedule B. List on this schedule fund-raising events held to raise contributor gives more than \$100 or their contribution contributions must be itemized on Schedule A.	Fund-Raising Events Proceeds money for the candidate and the net proceeds results in their aggregate being more than \$10	derived from each event. If a
Type or Name of Event		Net Proceeds
7,500		
		<del></del>
Total:		<u> </u>
contributor, residence address and place of employm	Name, Residence Address &	
Nature of Non-Cash Contribution	Place of Employment	Estimated Value
		<u> </u>
Total:		0
Scho Use this schedule to report any refunds, interest earne	edule D - Other Income ed or other income which is not a direct contrib	oution.
Source of Income		Amount

Total:

Name of Candidate or Committee: SD Medical Group Management Association PAC

Name of Candidate or Committee:_	SD	Medical	Group	Management	Association	PAC
For the reporting period ending: $1$ :	2/3]	1/04		··-		

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates and Comm		
tem	Amount	Name of Candidate or Committee	Amount	
dvertising			·	
Consulting				
Postage	<u></u>			
-				
Printing				
Rent				
alaries				
Telephone		and the second s	4	
ravel			·-	
J <b>tilities</b>	,			
ist other expense	List other expense		<del>.</del>	
tems below	amounts below		<del></del>	
Bank Charge	\$0.10			
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Name of Candidate or Committee:	SD Medical Group	Management Association	—PAC
For the reporting period ending:_	12/31/04		

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to:	Purpose:	Amount
4		
·		
·		
		<u> </u>
	·	<u> </u>
Total Obligations:		0

**\$** 12.19

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Na	me of Candidate or Committee: SD	Medical Group Ma	anagemen <u>t Associ</u>	lation	PAC
Fo	r the reporting period ending: $12/31$	/04	· -		
	is summary sheet will give a brief outline of all ca m the schedules previously completed.	Summary Page impaign finance activity du	ring this reporting period. F	'lease tran	sfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting perio	od:	\$ <u>12</u>	29
2.	Receipts				. *
	Schedule A - Direct Contributions	\$			
	Schedule B - Fund-Raising Events	<b>\$</b>			
	Schedule C - In Kind Contributions	\$			
	Schedule D - Other Income	\$0			
	Total of all Receipts	\$_0			
3.	Total Monetary Receipts (A+B+D)			\$_0	
4.	. Candidate's Personal Contribution to Own Campaign			\$_0	
5.	Monetary Loans to Candidate or Comm	\$0			
6.	6. Monetary Loans Repaid During Reporting Period				
<b>7</b> .	Expenditures - Schedule E			<b>\$</b> _0.	.10
8.	Unpaid Obligations - Schedule F	\$		-	

9. Amount on hand at the close of this reporting period. \*
This should equal lines (1+3+4+5) - (6+7)

